

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D B	7612X5	1-11-99
O.I.P.E. CLASSIFIER		10	1-5-99
FORMALITY REVIEW		69652	1-15-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/24/00
2		✓	11/14/00
3		✓	11/14/00
4		✓	11/14/00
5		✓	11/14/00
6		✓	11/14/00
7		✓	11/14/00
8		✓	11/14/00
9		✓	11/14/00
10		✓	11/14/00
11		✓	11/14/00
12		✓	11/14/00
13		✓	11/14/00
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49		✓	11/14/00
50		✓	11/14/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
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